

PRIVACY ACT WAIVER FORM
FOR USE BY THE OFFICE OF CHILDREN'S ISSUES,
BUREAU OF CONSULAR AFFAIRS, U.S. DEPARTMENT OF STATE

A. Child's

name: _____

Country where the child has been taken or is being

retained: _____ Your name and your relationship to the
child: _____

B. Names, addresses and telephone numbers of persons and/or
organizations you want us to contact proactively with information
regarding the child's

case: _____

C. Please circle "Yes" or "No" as appropriate: In the event that
persons or organizations other than those specified above request
information regarding your case, the Office of Children's Issues may
release information to:

Family members other than those listed above. YES NO

Friends other than those listed above. YES NO

Individual Members of Congress. YES NO

Members of the Press. YES NO

The General Public. YES NO

Information will only be released under Section C if requested, and if
we have your express authorization.

_____ Printed or

Typed Name of Authorizing Party _____

_____ Signature

Place and Date Signed
